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ABSTRACT

The paper reviews the legal basis for interagency collaboration in providing services to the handicapped, notes the rationale for such an approach, and examines the obstacles encountered in an interagency intervention project for emotionally disturbed children and adolescents. The Cheltenham Project, an interdisciplinary approach featuring a psychoeducational residential treatment center, is described. Among the obstacles encountered in the development of the Cheltenham Project were the location and operation of the physical plant, funding logistics and vacillating budgets within contributing agencies, conflicting legal mandates and agency procedures, turf protection, and politics. The difficulties in resolving conflicts for the program are highlighted, as is the need for data available to support the interagency approach. (CL)

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Interagency Intervention: A Case Study

Jane West-Stern

Interagency collaboration is a growing movement among service providers to the handicapped. This paper will review the legal basis for interagency collaboration, the rationale for the interagency approach, and types of interagency collaboration. Finally, an in-depth examination of obstacles encountered in an interagency intervention project for emotionally disturbed children and adolescents will illustrate problems common to interagency service delivery systems.

LEGAL BACKGROUND

Public Law 94-142 is the first significant federal public policy concerned with the education of the handicapped which establishes a legal and mandatory base for interagency collaboration. Two of the law's mandates necessitated the development of interagency relationships: a requirement that related services be provided to handicapped children, and a single-line-of-responsibility mandate for the provision of all services. Under the related services mandate, agencies other than educational agencies may provide services (i.e., counseling, speech therapy, physical therapy) to special education students; the single-line-of-responsibility mandate holds the State Educational Agency responsible for insuring that the child's special education and related needs are met. While the State Educational Agency need not directly provide all services, it insures that the child receives the required services.

These mandates provided the impetus for interagency agreements among agencies serving the handicapped. Such agreements have been developed among agencies serving the behaviorally disordered in 90% of the states (Grosenick & Huntze, 1980a).

In Maryland the Special Education Bylaw mandates interagency coordination for the planning and implementation of programs for the handicapped (*Programs for Handicapped Children*, 1978). Even prior to this law Maryland has demonstrated a history of activity in interagency functioning. In 1973, two years prior to the passage of P.L. 94-142, Maryland established its own legislation to guarantee handicapped children an appropriate free public education. In 1975 the governor appointed a special commission to determine the various roles of state and local agencies in implementing the Special Education Bylaw. Two reports

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issued by this commission made specific recommendations for structuring interagency collaboration.

RATIONALE FOR THE INTERAGENCY APPROACH

Interagency collaboration and service delivery among agencies and disciplines serving the handicapped is required by increased specialization; as professional specialization intensifies, so does the need for coordinating specialized services (Martinson 1982). Service fragmentation prior to the passage of P.L. 94-142 had reached such magnitude that it was recognized as a serious problem during the congressional debates which preceded the passage of this law (*Education of Handicapped Children: Implementation of Part B of the Education of the Handicapped Act, Rules and Regulations*, 1977).

The rationale for interagency intervention is based on the assumption that several agencies working together can meet the needs of handicapped clients more effectively and efficiently than agencies working independently. By combining resources and expertise, the attainment of common goals will be more feasible. Duplication of services and destructive competition for resources can be minimized so that a comprehensive cost-effective continium of services is available. While this rationale is widely accepted, instances of successful interagency collaboration are few, and interagency service delivery systems are rare (Hodge, 1981).

TYPES OF INTERAGENCY COLLABORATION

Interagency collaboration can occur on the federal, the state, and the local levels. At the federal and state levels, interagency collaboration involves coordination of mandates, regulations, and procedures so that conflict and duplication are minimized. Interagency intervention is a specific form of collaboration employed when agencies are involved in the direct delivery of services. Typically, collaboration occurs on the federal and state levels; intervention occurs on the local level.

In Maryland three state agencies administer services to the handicapped: The Department of Health and Mental Hygiene, The Department of Human Resources, and The Maryland State Department of Education. These agencies have developed a model interagency coordinating system for implementation at state and local levels. The chief coordinating mechanism is a series of multiagency committees which plan, coordinate, and monitor services for handicapped individuals in their jurisdictions. Of particular interest to the State Coordination Committee on Services to Handicapped Children are severely emotionally handicapped adolescents, the largest group of handicapped students placed in nonpublic and out-of-state facilities (1980).

While state level interagency agreements are one indicator of interagency collaboration, the efficacy of the cooperation is tested at the local level where implementation takes place. The Cheltenham Project, to be discussed here, illustrates some of the difficulties encountered by interagency intervention endeavors.

BACKGROUND OF THE CHELTENHAM PROJECT

The Cheltenham Project was developed ovre a number of years through planning efforts at state and local levels. The Coordinator of Services to the Handicapped in Prince George County, Maryland generated support

from officials in the Department of Health and Mental Hygiene, the Department of Human Resources, the Maryland State Department of Education, and the Governor's Office. At the local level an interagency subcommittee on the needs of the seriously emotionally disturbed articulated the principles which were later developed into the *Prospectus for the Cheltenham Center Project.*

In June 1975, with preliminary support from key participating agencies, the Governor issued an Executive Order mandating an interagency agreement to implement the proposed program. A surprise aspect of the Executive Order was an expansion of the service area to include three relatively rural counties adjacent to Prince George County in which the planning and lobbying had occurred.

In September 1975 a project director was hired under a joint agreement between the two principal agencies: The Department of Health and Mental Hygiene (DHMH) and the Prince George County Public Schools (PGCPS). In October 1975 the initial cooperative agreement establishing the program was signed by 12 participating agencies; representatives of these agencies and the State Senate and House of Delegates formed the interagency Governing Board.[1] The Governing Board was a collaborative structure utilized to coordinate agency involvement in the program.

During the planning phase several sites for the program were explored. An underutilized correctional facility administered by the Juvenile Services Administration, a subagency of DHMH, was chosen. The facility, located in the southern part of Prince George County, offered maximum access to the other three participating counties. Locating the Cheltenham Project on these grounds also allowed DHMH to operate a more cost-effective facility.

The organizational structure of the Cheltenham Project reflected the belief that participating agencies were equally responsible for serving handicapped students. Positions funded by each of the two key agencies held equal status and power within the organization. The program director was responsible to both DHMH and PGCPS, and they jointly paid his salary.

The prospectus for the Cheltenham Project outlined several possible programs with a psychoeducational residential treatment center as the initial endeavor. The Center was organized in four service components: educational, therapeutic, residential, and health. Staff from the four components were integrated into multidisciplinary teams functioning on the elementary, junior high, and senior high levels. A maximum of 80 students (40 day and 40 residential) from ages 8 to 18 could be served.

Students were originally screened for acceptance by an interagency screening committee; however, this procedure was later amended so that students were screened through the PGCPS' special education procedure in accordance with the P.L. 94-142 Rules and Regulations. All students at the Center were categorized as seriously emotionally disturbed (West-Stern, 1982).

OBSTACLES

Human service agencies are complex organizational structures with their own internal conflicts; multiagency organizations present unique and

[1]The 12 agencies represented on the Governing Board were the Department of Health and Mental Hygiene, the Department of Human Resources, and the Maryland State Department of Education on the state level. From the local level the governments and Boards of Education of each of the four participating counties and the Prince George County Department of Health were represented.

numerous obstacles to service providers. A number of obstacles encountered by the Cheltenham Project illustrate the difficulties of implementing interagency agreements.

1. *Location.* In order to establish an acceptable cost/benefit ratio many interagency programs serve a large geographical area. The Cheltenham Project serves four counties covering an area of 1,575 square miles. As a result, some day students ride the bus 3 hours per day. For the residential students, transportaton for home visits is a problem. Family attendance at therapy is sometimes poor due to the extended traveling required.

A second problem for an interagency endeavor is the housing of the treatment program. How do the agencies divide the responsibilities for the physical plant? Cheltenham Center is housed on the grounds of a juvenile detention program owned and operated by the Juvenile Services Administration (a subagency of the State Department of Health & Mental Hygiene). Aside from the difficulty of maintaining an open treatment program side-by-side with a locked detention program, the responsibility of building maintenance became a major problem. While the Juvenile Services Administration budget was expanded to include maintenance costs for the Cheltenham Project, the maintenance staff on the campus resisted the added responsibility and appeared to resent the invasion of this new program. Claims were frequently made that maintenance needs were a result of student destruction. The 50-year-old building continued to deteriorate so that heating, plumbing, and vermin infestation became ongoing problems (West-Stern, 1982).

At the administrative level the program director and the grounds superintendent exchanged memoranda with minimal results. The Governing Board discussed the problem, but had no authority to resolve it. Finally, DHMH sent out investigators who repeatedly cited the buildings for violations and threatened to close them. Minimal improvements were made until another crisis ensued.

2. *Funding.* Funding interagency intervention projects presents two obstacles: logistics, and vascillating budgets within contributing agencies. The logistics of funding the Cheltenham Project were especially complex because of the number of agencies involved. Initially, consideration was given to establishing the Cheltenham Project as a separate agency so that it could have its own budget appropriated directly from the legislature; however, this idea was dropped for lack of broad-based support. Finally, six local and state agencies were identified which contributed to the budget. By 1980 only two agencies were funding the program: the PGCPS and the Prince George County Department of Health. (The Prince George County Department of Health was funneling DHMH's contribution into the program.) The trend was for the state agencies to retreat and the local agencies to assume more responsibility.[2]

Part of DHMH's contribution was an increase in the budget of the detention center where the program was housed. Those funds were to be used for food services, some health services, housekeeping, maintenance, and minor renovations. The Juvenile Detention Center staff was to provide those services as a part of service to the total campus. Debilitating conflict over the delivery of those services developed. Final accountability proved to be elusive.

Vascillating budgets within contributing agencies was a second fund-

[2]The budget for FY 1981 including an outreach component, which has since been dismantled, totalled just under $2,000,000. DHMH was contributing $1,252,671 and PGCPS was contributing $638,778.

ing obstacle encountered by the project. IN FY 1981 DHMH's budget was cut by one-third while education's budget remained the same. Yet DHMH's mandates for service delivery remained unchanged. Lack of funds forced priorities to be shifted within DHMH, particularly since there was no comprehensive long-term state plan. DHMH was compelled to reconsider its commitment to the Cheltenham Project.

3. *Conflicting Legal Mandates and Agency Procedures.* While agencies share common goals to establish an interagency program, they also may experience conflicting legal mandates and procedures which result in administrative and programmatic problems. At Cheltenham conflict developed around the delivery of psychotherapy. The Department of Health and Mental Hygiene, which was responsible for providing therapeutic services, was required to collect fees for services rendered. The public schools, in accordance with P.L. 94-142 and the Maryland Bylaw, were required to provide the special education and related services indicated on the Individualized Educational Program (IEP) free of charge. Psychotherapy was identified as a needed service on every child's IEP at the Cheltenham Center.

No fees were charged for psychotherapy at Cheltenham Center, however this issue continued to be an ongoing area of antagonism between DHMH and PGCPS. Since the Governing Board did not have the authority to resolve the conflict, it passed the problem on up the hierarchies within the contributing agencies where it remained unresolved.

A second conflict developed between the two agencies when DHMH received increased pressure to serve court-ordered youth. Placement of these youth in Cheltenham Center would solve the problem; however, it would constitute a due process violation of P.L. 94-142's Rules and Regulations.[3] The Governing Board was unable to resolve this conflict so members initiated a dissolution of the cooperative agreement which eventually resulted in the demise of the project itself. (This will be discussed later in the article.)

4. *Turf Protection.* Turf protection is an ongoing dynamic in a multiagency organization which occurs when cooperation is replaced by competition as a primary mode of interaction. It is one of the most frequently cited problems encountered by interagency programs for the behaviorally disordered (Grosenick & Huntze, 1980b). The dynamic of turf protection influences the nature of interpersonal relationships, which is cited as the single most important factor related to the success or failure of collaborative attempts (Johnson, McLaughlin, & Christensen, 1982). The turf protection dynamic is manifested at two levels: the programmatic, and the administrative. However, the theme is the same: the establishment of superior expertise, power, and status.

At the programmatic level, the implicit struggle is revealed as "which aspect of the child's program is the most important?" The traditional rivalry between mental health and educational professionals was manifested at Cheltenham Center in expressions of resentment by the educational staff that the therapists were never available when important crises occurred. The therapists responded by enumerating their responsibilities which made it impossible for them to be available as much as they would like to be. The education staff received the message that the therapists had more important things to do and the cycle began again.

[3]P.L. 94-142's Rules and Regulations require informed parental consent prior to placement in a Special Education program. Court-ordering of a child would usurp the parents' right to approve or disapprove placement.

The National Needs Analysis in Behavior Disorders reported that where the barriers of turf protection have been broken it was a result of committed, energetic, positive individuals (Grosenick & Huntze, 1980b). While there were many individuals at Cheltenham Center who met this description, and much energy was invested in dealing with this problem, it should be clear that turf protection is a ubiquitous dynamic and a constant obstable which is never definitively resolved and put to rest.

At the agency level the turf protection dynamic was exhibited with the recurring theme that DHMH was not reaping as many benefits from the program as the school system was. DHMH felt that the school system had more control over the program than it did, and it struggled to establish its power and equal footing.

5. *Politics.* No interagency attempt is isolated from the ebb and flow of political forces; human service agencies are extensions of the political structure. The interagency cooperative agreement which established the Cheltenham Project was the result of an Executive Order issued by a Governor who soon left office. His successor expressed little interest in the project. Without the support of the Governor's Office, the one office with jurisdiction over all participating agencies, the Cheltenham Governing Board was in a tenuous position.

The lack of sustained availability of significant actors is often a problem for interagency endeavors (Johnson, McLaughlin, & Christensen, 1982). In the case of the Cheltenham Project, changes in key positions affected interagency functioning. The person who was State Superintendent of Schools at the time the Cheltenham Project was initiated soon left that position. The Assistant Secretary of DHMH, who assumed his position after the formulation of the Cheltenham Project, was skeptical of the undertaking. The director of the Governor's Office of Coordination of Services to the Handicapped, who was the key actor in generating initial interagency support and involvement, left that position in 1980. All of these shifts in significant persons resulted in a deterioration of the initial impetus and commitment for the Project.

THE BREAKDOWN

DHMH's budget was cut by one-third at the same time it was being pressured to increase services for court-ordered youth. The school system agreed to admit court-ordered youth to the Cheltenham Project on one condition: DHMH would have to contribute more funds so a self-contained program could be established. DHMH wanted the court-ordered program to be developed from existing funds.

Finally DHMH delivered an ultimatum. If court-ordered youth were not accepted into the program, funds would be withheld. In response to the ultimatum the school system withdrew from the cooperative agreement. DHMH then issued a "Request for Proposals" in an attempt to contract out its portion of the program.

Because the school system believed that DHMH was reneging on its commitment and attempting to dodge its responsibility by issuing a "Request for Proposals," the chairperson of the school board initiated the introduction of legislation in the Maryland House of Delegates. The legislation, which was adopted, mandated DHMH to provide services comparable to the services it provided in a similar program in the wealthiest county in the state. DHMH was ordered to contract with PGCPS to provide the educational services. Implicit in this mandate was the demise

of the original cooperative effort which was jointly administered by the two key agencies, and a return to a more traditional interagency approach where one agency is the superordinate and the other agency is the subordinate.

The issue of how to provide service to court-ordered adolescents from Prince George County was temporarily resolved when the Governor ordered those students to be served in another county for a period of 2 years.

PGCPS committed itself to the program for one year; however, it is considering alternative sites for establishing its own separate treatment center in the future.

DISCUSSION

The dilemma which the Cheltenham Project illustrates is encountered when agencies collaborate and in essence, create a third agency. The final authority and responsibility for that third agency rests cooperatively in the hands of the parent agencies. The interagency agreement demands that parent agencies relinquish some of their control, but none of their responsibility. The parent agencies are expected to retain their interagency commitment and continue to respond to changing internal needs. Such demands on an agency may be unrealistic and overwhelming. Without a mandate from a higher authority (such as Legislature, or the Governor) the parent agencies have limited capability for conflict resolution.

CONSIDERATIONS FOR THE FUTURE

While the rationale for interagency intervention is widely accepted, little quantitative data is available to support the approach. The major reason for this lack of data is the dearth of interagency collaboration in service delivery to handicapped students. If more interagency endeavors are established, then perhaps a database would be available so that the following key questions could be addressed:

1. Does interagency intervention offer a more cost-effective means of service delivery than the traditional single agency service delivery model?
2. Are the needs of clients met more effectively when an interagency service delivery model is employed, as opposed to when a traditional model is employed?

One can only speculate about how current trends of federal deregulation, defunding, and deprioritizing of social programs will affect interagency intervention attempts. It has been suggested that during periods of fiscal austerity agencies may be motivated to cooperate in order to more effectively compete for resources (Martinson, 1982). This observation would predict greater interagency functioning as human services agencies unite to compete for tax dollars against nonhuman service agencies, such as defense.

The other possible effect of shrinking federal funds and deregulation might be increased competition for resources among human service agencies and a return to the traditional single agency approach. The removal of the single-line-of-responsibility mandate and the language encouraging interagency collaboration in the proposed regulations for P.L. 94-142 (*Education of All Handicapped Children Act, Proposed Rules and Regulations*, 1982) lends support to this possibility. If the state educa-

tion agency were no longer ultimately accountable for a handicapped child's program, much of the motivation for interagency collaboration would be lost. If federal legislation is the most significant pressure in causing organizational change (Rafferty, 1977), then the future of interagency intervention may be bleak.

REFERENCES

Education of All Handicapped Children Act, Proposed Rules and Regulations. Federal Register Vol. 47, No. 150, p. 33859 (Wednesday, August 4, 1982).

Education of Handicapped Children: Implementation of Part B of the Education of the Handicapped Act, Rules and Regulations. Federal Register Vol. 42, No. 163, 34 CRF 300.9-300.754, p. 42501 (Tuesday, August 23, 1977).

Grosenick, J. K., & Huntze, S. L. (1980a). *National needs analysis in behavior disorders: Adolescent behavior disorders.* Columbia: University of Missouri.

Grosenick, J. K., & Huntze, S. L. (1980b). *National needs analysis in behavior disorders: Human resource issues in behavior disorders.* Columbia: University of Missouri.

Hodge, R. (1981). *Interagency cooperation related issues and concerns.* Bloomington: Indiana University, Council of Administrators of Special Education.

Johnson, H. W., McLaughlin, J. A., & Christensen, M. (1982). Interagency collaboration: Driving and restraining forces. *Exceptional Children, 48,* 395-399.

Martinson, M. C. (1982). Interagency services: A new era for an old idea. *Exceptional Children, 48,* 389-394.

Programs for Handicapped Children. (1978). COMAR 13A.05.01.

Rafferty, F. T. (Chairman of task force) (1977). *Alternative patterns of organization of state departments of mental health for the provision of services to children and adolescents.* Unpublished document (Report issued from the Task Force of the Council on Children, Adolescents, and Their Families, American Psychiatric Association).

State Coordinating Committee on Services to Handicapped Children. (1980). *Report on return of children from out of state placements.* Unpublished document (Available from the Special Education Department, Maryland State Department of Education, 200 W. Baltimore Street, Baltimore, MD 21201).

West-Stern, J. (1982). *Cheltenham Center: A case study of interagency functioning.* Unpublished manuscript (Available from Special Education Leadership Policy Development Program, University of Maryland, College Park, MD 20742).

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